

In re application of Thunder and McPhee

Serial No.: 10/001,596

Filed: October 19, 2001

For: **HUMIDITY CONTROLLER**COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED**

MAY 25 2004

TECHNOLOGY CENTER R3700

Sir:

CERTIFICATE OF MAILING BY "EXPRESS MAIL"MAILING LABEL NUMBER: EV480048221USDATE OF DEPOSIT: May 18, 2004

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Tiffany E. Sexton
Tiffany E. Sexton

Transmitted herewith is an Amendment for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 55	MINUS	** 55	0
INDEP.	* 3	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 9 =	\$.00
x 43 =	\$.00
+ 145 =	\$.00
TOTAL	
ADDIT. FEE	\$.00

OR

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 18 =	\$.00
x 86 =	\$.00
+ 290 =	\$.00
TOTAL	\$.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A Request for a Two-Month Extension of Time.
- ☒ A check in the amount of \$420.00 for the extension request.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: May 18, 2004

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